



RURAL HEALTH AWARDS NOMINATION FORM



Find this form on-line at the NERHRT website: www.newenglandruralhealth.org

*Annual NERHRT Conference - Meredith, NH
October 29, 2010*

I am making the following nomination - Please check one:

- Volunteer Award
The President's Award
Rural Health Clinician Award
The Leadership Award

Please make copies of this form to make more than one nomination.

Name of person being nominated OR Program being nominated (list information for contact person):

First Name: _____ Last Name: _____
Agency: _____ Title: _____
Address: _____
City, State, Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Please describe your reason for nominating this person or program on a separate sheet (not to exceed one page). Other documentation (such as news clippings) or evidence of the nominee's excellence will be accepted, but are not mandatory.

Individual making nomination:

First Name: _____ Last Name: _____
Phone: _____ Fax: _____
Email: _____

May we tell the nominee your name when we notify him/her of the nomination
Yes No

Mail or fax completed forms and supporting materials to:
NERHRT

10 Benning St., Box 184
W. Lebanon, NH 03784

Phone: 603-643-2800, Fax: 603-643-2800

Nominations must be submitted on or before July 31, 2010